

EXHIBIT 1

OUTCOME AND ASSESSMENT INFORMATION SET AUTOMATION CONTRACT/AGREEMENT APPROVAL RO CHECKLIST

Background: All certified HHAs are required to encode and transmit OASIS records in accordance with current regulations to a repository maintained by the State in accordance with HCFA-established record specifications and time frames. Provider costs will be compensated through the Medicare and Medicaid programs according to the rules for such reimbursement effective in each State. It is expected that overall responsibility for fulfilling requirements to operate the State OASIS data system will rest with the State survey agency. However, the State survey agency may enter an agreement with the State Medicaid agency, another State component, or a private contractor to perform day-to-day operations of the system. **Before entering an agreement with a subcontractor, i.e., if the State OASIS system is operated by an entity other than the survey agency, the survey agency must receive RO approval. Such agreements should address the following provisions:**

1. Meets confidentiality requirements: Federal Privacy Act, 5 U.S.C. §522a; HIAA of 1996; other applicable Federal data acts; §1902 (a)(7) of the Social Security Act; applicable State standards; and industry security standards;
2. Gives State survey agency real-time access to the system to fully support all OASIS-driven functions which will be required of the survey agency (e.g., quality indicator reporting, survey targeting, etc.), or if contractor is performing analysis for State agency contract, provides the details on how this is to be conducted;
3. Complies with need for high capacity, fault-tolerant network connections to ensure reliable support for the State survey agencies, HCFA's national database, and any other daily operations (e.g. Fiscal Intermediary Medical Case Review, Office of the Inspector General or Department of Justice Fraud and Abuse activities), which will be affected by this system. Assures hardware will be properly maintained and upgraded as necessary to meet any future HCFA or State survey agency requirements. Assures adequate backup of all data;
4. Includes State survey agency responsibilities for reporting OASIS data to a central repository at HCFA. Designates responsibilities for edits and "cleanness" of data;
 - o Designates responsibilities for generating and communicating facility error reports.
 - o Describes what kinds of communication will be established, e.g., a State-specific Internet and/or Intranet web pages, newsletters, etc., their content, and who will produce/maintain/distribute these communications.

If there is a separate database, designates who is responsible for operating and maintaining the HCFA-provided equipment and who will assure the viability of the HCFA database;

5. States responsibilities of contractor and/or State for training and support operations: Include at least who will provide facility and OASIS software vendor startup training, and on-going customer/facility support/troubleshooting; provide internal training and daily user support within the State agency; work with program staff to integrate the OASIS system into State survey agency functions; train State survey agency staff on aspects of analytical system (e.g., ASPEN upgrades and performance measure/"quality indicator" linked reports); handle System Operations - functions associated with transmission logging, error tracking and resolution, system archival, and process reporting; and designate who is responsible for determining facility transmission schedules;
6. Delineates how State will fund the monthly line charges associated with installation, maintenance, and transmission of the OASIS data from the facilities to the contractor and between the contractor and State, e.g., built into contract costs or is an outside ongoing cost to the State survey agency; and

7. Specifies whether it is the contractor's or the State survey agency's responsibility for systems maintenance for commercial "off-the-shelf" OASIS hardware and software components.

NOTE: The hardware components to be installed within each State have a 3-year warranty as part of HCFA's purchasing agreement. At the end of the 3-year warranty period, HCFA provides for ongoing maintenance of the system. Standardized OASIS software components that are developed and distributed by HCFA will be maintained and upgraded centrally by HCFA.

EXHIBIT 2 (Front)

SAMPLE REQUEST FOR OASIS KEY FIELD CORRECTION

Agency State ID Number (HHA Agency ID) _____

Agency Medicare Provider Number _____

Agency Medicaid Provider Number _____

Agency Name _____ Patient's Last Name _____

Patient's First Name _____ Patient's Middle Initial _____

Patient Social Security Number _____ Patient's Date of Birth _____

Assessment Reference Date _____ Batch Number _____

Key Fields as of April 26, 1999:

Patient Identifiers:

M0040_PAT_LNAME	Patient's last name
M0040_PAT_FNAME	Patient's first name
M0064_SSN	Patient's social security number
M0066_PAT_BIRTH_DT	Patient's date of birth
M0069_PAT_GENDER	Patient's gender

HHA Identifiers:

HHA_AGENCY_ID	Unique Agency ID code
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Assessment Event Identifiers:

M0100_ASSMT_REASON	Reason for completing assessment
M0090_INFO_COMPLETED_DT	Date assessment information completed (This is a key field only on recertification or follow-up assessments where RFA=04 or 05.)
CORRECTION_NUM	Correction number for record
M0030_START_CARE_DT	Start of care date (This is a key field only on start of care assessments where RFA = 01 or 02.)
M0032_ROC_DT	Resumption of care date (This is a key field only on resumption of care assessments where RFA = 03)
M0906_DC_TRAN_DTH_DT	Discharge, transfer, death date (This is a key field only on transfer to inpatient facility assessments where RFA = 06 or 07, death at home assessments where RFA = 08, and discharge assessments where RFA = 09 or 10.)

EXHIBIT 2 (Back)

Requested Key Field Corrections:

1.	Key Field _____	Old Value _____	New Value _____
2.	Key Field _____	Old Value _____	New Value _____
3.	Key Field _____	Old Value _____	New Value _____
4.	Key Field _____	Old Value _____	New Value _____
5.	Key Field _____	Old Value _____	New Value _____
6.	Key Field _____	Old Value _____	New Value _____
7.	Key Field _____	Old Value _____	New Value _____
8.	Key Field _____	Old Value _____	New Value _____
9.	Key Field _____	Old Value _____	New Value _____
10.	Key Field _____	Old Value _____	New Value _____
11.	Key Field _____	Old Value _____	New Value _____
12.	Key Field _____	Old Value _____	New Value _____

Requested by: _____ Date _____

Agencies must have a method of ensuring that subsequent assessments include the corrected information. This request may only be used for key item corrections.

EXHIBIT 3 (Front)

Home Health Agency Outcome and Assessment Information Set (OASIS) STATEMENT OF PATIENT PRIVACY RIGHTS

As a home health patient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.**

We are required by law to collect health information to make sure:

- 1) you get quality health care, and
- 2) payment for Medicare and Medicaid patients is correct.

- **You have the right to have your personal health care information kept confidential.**

You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

- **You have the right to refuse to answer questions.**

We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.

- **You have the right to look at your personal health information.**

- We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
- If you are not satisfied with our response, you can ask the Health Care Financing Administration, the Federal Medicare and Medicaid agency, to correct your information.

You can ask the Health Care Financing Administration to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice: **PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.**



This is a Medicare & Medicaid Approved Notice.



EXHIBIT 3 (Back)

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT. Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, and 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Health Care Financing Administration (HCFA, the Federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the Federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- support litigation involving the Health Care Financing Administration;
- support regulatory, reimbursement, and policy functions performed within the Health Care Financing Administration or by a contractor or consultant;
- study the effectiveness and quality of care provided by those home health agencies;
- survey and certification of Medicare and Medicaid home health agencies;
- provide for development, validation, and refinement of a Medicare prospective payment system;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- support constituent requests made to a Congressional representative.

III. ROUTINE USES

These "routine uses" specify the circumstances when the Health Care Financing Administration may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

1. the Federal Department of Justice for litigation involving the Health Care Financing Administration;
2. contractors or consultants working for the Health Care Financing Administration to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Health Care Financing Administration's health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Peer Review Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no Federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may **request** you or your representative to sign this statement to document that this statement was given to you. **Your signature is NOT required.** If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Health Care Financing Administration to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-638-6833, toll free, for assistance in contacting the HHA OASIS System Manager.
TTY for the hearing and speech impaired: 1-800-820-1202.

EXHIBIT 4

Home Health Agency
Outcome and Assessment Information Set (OASIS)

NOTICE ABOUT PRIVACY

For Patients Who Do Not Have Medicare
or Medicaid Coverage

- As a home health patient, there are a few things that you need to know about our collection of your personal health care information.
 - Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
 - We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
 - We will make your information anonymous. That way, the Health Care Financing Administration, the Federal agency that oversees this home health agency, cannot know that the information is about you.
- We keep anything we learn about you confidential.



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EXHIBIT 5

OASIS SYSTEM OF RECORDS (HHA OASIS, 09-70-9002)

SYSTEM NAME:

Home Health Agency Outcome and Assessment Information Set (HHA OASIS)

SECURITY CLASSIFICATION

None.

SYSTEM LOCATION:

HCFA Data Center, 7500 Security Boulevard, North Building, First Floor, Baltimore, Maryland 21244-1850. HCFA contractors and agents at various locations.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

The system of records will contain clinical assessment information (OASIS records) for all patients receiving the services of a Medicare and/or Medicaid approved Home Health Agency (HHA), except prepartum and postpartum patients, patients under 18 years of age, and patients receiving other than personal care or health care services; i.e., housekeeping services and chore services. Identifiable information will be retained in the system of records only for those individuals whose payments come from Medicare or Medicaid.

CATEGORIES OF RECORDS IN THE SYSTEM:

This system of records will contain individual-level demographic and identifying data, as well as clinical status data for patients with the payment sources of Medicare traditional fee for service, Medicaid traditional fee for service, Medicare HMO\managed care or Medicaid HMO\managed care.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

PURPOSE(S) OF THE SYSTEM:

In 1987, Congress changed the Social Security Act to require HCFA to survey the quality of care furnished by HHAs using a "standardized, reproducible assessment instrument." Through a contract with the University of Colorado, the OASIS was developed by researchers, doctors, and clinicians as the standardized, reliable assessment instrument. OASIS represents a significant advancement in home health care. Home health patients are one of the more vulnerable populations because services are provided in the homes where it is difficult to oversee the quality of services provided. OASIS will ensure accurate payments to HHAs under the prospective payment system, improve quality of patient care, and allow HCFA to monitor the quality of care that it purchases for its beneficiaries.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OR USERS AND THE PURPOSES OF SUCH USES:

These routine uses specify circumstances, in addition to those provided by statute in the Privacy Act of 1974, under which HCFA may release information from the HHA OASIS without the consent of the individual to whom such information pertains. Each proposed disclosure of information under

these routine uses will be evaluated to ensure that the disclosure is legally permissible, including but not limited to ensuring that the purpose of the disclosure is compatible with the purpose for which the information was collected. Also, HCFA will require each prospective recipient of such information, except those otherwise covered by the Privacy Act, to agree in writing to certain conditions to ensure the continuing confidentiality and security, including physical safeguards of the information.

Disclosures may be made:

1. To the Department of Justice (DOJ), court or adjudicatory body when:
 - (a) the agency or any component thereof; or
 - (b) any employee of the agency in his or her official capacity; or
 - (c) any employee of the agency in his or her individual capacity where the DOJ has agreed to represent the employee; or
 - (d) the United States Government;

is a party to litigation or has an interest in such litigation, and by careful review, HCFA determines that the records are both relevant and necessary to the litigation and the use of such records by the DOJ, court or adjudicatory body is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To agency contractors, or consultants who have been engaged by the agency to assist in the performance of a service related to this system of records and who need to have access to the records in order to perform the activity. Recipients shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).

3. To the agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing overall or aggregate cost, effectiveness, and/or the quality of HHA services provided in the State; for developing and operating Medicaid reimbursement systems; or for the purpose of administration of Federal/State HHA programs within the State. Data will be released to the State only on those individuals who are either patients under the services of a HHA within the State, or are legal residents of the State, regardless of the location of the HHA in which the patient is receiving services.

4. To another Federal or State agency (e.g. State survey agencies and State Medicaid agencies) to contribute to the accuracy of HCFA's health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs.

5. To a Peer Review Organization (PRO) in order to assist the PRO to perform Title XI and Title XVIII functions relating to assessing and improving HHA quality of care.

6. To an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects.

7. To a member of Congress or to a Congressional staff member in response to an inquiry of the Congressional Office made at the written request of the constituent about whom the record is maintained.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING,

AND DISPOSING OF RECORDS IN THE SYSTEM:**STORAGE:**

All records are stored on magnetic media.

RETRIEVABILITY:

The Medicare and Medicaid records are retrieved by health insurance claim number, social security number or by State assigned Medicaid number.

SAFEGUARDS:

HCFA has safeguards for authorized users and monitors such users to ensure against excessive or unauthorized use. Personnel having access to the system have been trained in the Privacy Act and systems security requirements. Employees who maintain records in the system are instructed not to release any data until the intended recipient agrees to implement appropriate administrative, technical, procedural, and physical safeguards sufficient to protect the confidentiality of the data and to prevent unauthorized access to the data.

In addition, HCFA has physical safeguards in place to reduce the exposure of computer equipment and thus achieve an optimum level of protection and security for the HHA OASIS system. For computerized records, safeguards have been established in accordance with HHS standards and National Institute of Standards and Technology guidelines; e.g., security codes will be used, limiting access to authorized personnel. System securities are established in accordance with HHS, Information Resource Management (IRM) Circular #10, Automated Information Systems Security Program; HCFA Automated Information Systems (AIS) Guide, Systems Securities Policies; and OMB Circular No. A-130 (revised), Appendix III.

RETENTION AND DISPOSAL:

HCFA and the repository of the National Archive and Records Administration (NARA) will retain identifiable OASIS assessment data for a total period not to exceed fifteen (15) years.

SYSTEM MANAGER AND ADDRESS:

Director, Center for Medicaid and State Operations, HCFA, 7500 Security Boulevard, Baltimore, Maryland, 21244-1850.

NOTIFICATION PROCEDURE:

For purpose of access, the subject individual should write to the system manager who will require the system name, health insurance claim number, and for verification purposes, the subject individual's name (woman's maiden name, if applicable), social security number (SSN) (furnishing the SSN is voluntary, but it may make searching for a record easier and prevent delay), address, date of birth, and sex.

RECORD ACCESS PROCEDURE:

For purpose of access, use the same procedures outlined in Notification Procedures above. Requestors should also reasonably specify the record contents being sought. (These procedures are in accordance with Department regulation 45 CFR 5b.5(a)(2).)

CONTESTING RECORD PROCEDURES:

The subject individual should contact the system manager named above, and reasonably identify the record and specify the information to be contested. State the corrective action sought and the reasons for the correction with supporting justification. (These procedures are in accordance with Department regulation 45 CFR 5b.7.)

RECORD SOURCE CATEGORIES:

The Outcome and Assessment Information Set.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.